



PATIENT

Daisy Merchant

SPECIES

Canine

BREED

Beagle

SEX

Spayed Female

AGE

10 Years 10 Months

WEIGHT

30.2 Pounds

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

**IMAGING
PERFORMED BY**

Mack

HOSPITAL NAME

Northside VC

REFERRING VET

Dr. Mack

INVOICE

16368

DATE

6/27/23

PRESENTING CLINICAL SIGNS

History: Patient originally presented for dental today but pre-anesthetic bloodwork showed elevated ALKP

Abnormal PE/Chem/CBC/UA Results: Chem: Glob 4.9, ALKP 1618 U/A: WBC 11/HPF, RBC <1/HPF, sqEPI <1/HPF, nsEPI 1-2/HPF, nhCS- SUSPECT, PRO 500MG/dL, BLD 25

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal thickness and tone. Primarily anechoic content with mild dependent mineral/sand. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted. Aortic trifurcation was normal.

Normal renal size with asymmetrical margination was present in both kidneys. The renal cortex presented uniformly increased in echogenicity with uniform echotexture. The renal cortex appeared to be hypertrophied resulting in an altered cortex: medulla ratio. Mild loss of corticomedullary distinction was also present. The renal medullary volume was subjectively reduced. The left kidney measured 7.0 cm in length. The right kidney measured 6.0 cm in length.

Adrenal Glands

The bilateral adrenal glands were mildly prominent in size. Both adrenal glands exhibited mild irregular to nonhomogeneous parenchyma. The left adrenal gland measured 1.15 cm width in the cranial pole and 0.77 cm width in the caudal pole. The right adrenal gland measured 0.85 cm width in the cranial pole and 0.93 cm width in the caudal pole.

Spleen

The spleen exhibited primarily finely textured parenchyma which was hyperechoic to the liver and renal cortical parenchyma. Subtle areas of uniform hyperechoic splenic parenchyma noted adjacent to the hilus, likely consistent with benign to emerging myelolipomas. Potential for previous perihilar splenic infarction or capsular fibrosis possible. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. The parenchymal heterogeneity is likely consistent with benign changes such as extramedullary hematopoiesis or age-related remodeling with minor potential for inflammatory or neoplastic disease.

Liver

The liver exhibited generalized enlargement. The liver parenchyma was mildly nonuniform and hypoechoic to the spleen with a moderate coarse echotexture and subjective mild to benign parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. A solitary primarily uniform mild hyperechoic nodule was noted in the deep liver measuring 1.7 cm in diameter.

The gallbladder was non-distended with primarily anechoic content and suspect accumulated to possibly adhered areas of mild hyperechoic sludge along the luminal wall, potential for gallbladder polyps possible yet thought less likely. No evidence of cholecystitis or peripheral gallbladder inflammation. The cystic and common bile ducts were normal.

Gastrointestinal



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The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach was empty with no signs of ileus, obstruction or foreign material.

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The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

Normal visible colon wall layers were present with apparent formed feces in lumen.

Pancreas

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The pancreas was normal in size and contour with isoechoic to heterogeneous parenchyma compared to adjacent omentum. No signs of active inflammation or neoplasia.

Free Abdomen

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No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

AGE

10 Years 10 Months

- Hepatopathy, exhibiting generalized parenchymal remodeling and solitary, likely benign nodule. The nodule is likely consistent with probable lipogranuloma.
- Suspect mildly congealed to adhered gallbladder debris, potential for small gallbladder polyps possible
- Bilateral chronic renal changes
- Mildly prominent to nonhomogeneous bilateral adrenal glands
- Mild urinary bladder dependent sediment/mineral

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INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Urine culture and sensitivity with potential for baseline UPC level, if no evidence of inflammatory cells, for further renal staging is recommended.

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The overall appearance of the liver is nonspecific yet most consistent with benign hepatopathy, vacuolar hepatopathy. Vacuolar hepatopathy is suspected given the sole yet significantly elevated ALP. Nonspecific inflammatory hepatopathy, i.e., cholangiohepatitis is thought less likely with hepatic neoplasia considered an unlikely differential diagnosis. Further assessment may include hepatic FNA for screening cytology. Hepatosupportive medications, including Denamarin and Ursodiol may prove beneficial.

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The bilateral adrenal glands are likely consistent with age or patient variant, minor adenomatous changes or benign hyperplasia. No overt evidence of neoplastic criteria. Adrenal work up could be considered if clinical signs consistent with Cushings syndrome are present.

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No overt anesthetic contraindications, assuming normal BUN, glucose, albumin and cholesterol levels.

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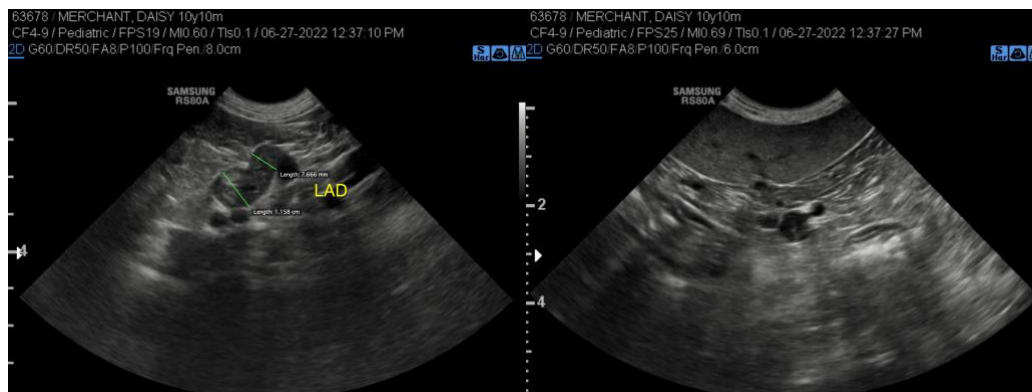
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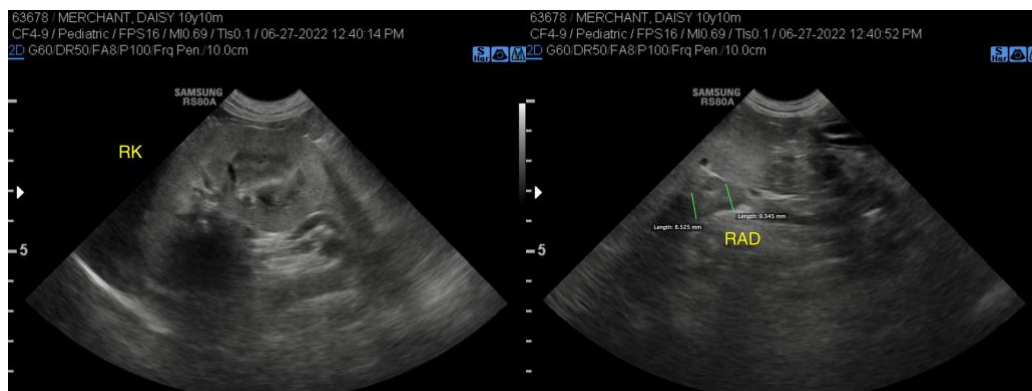
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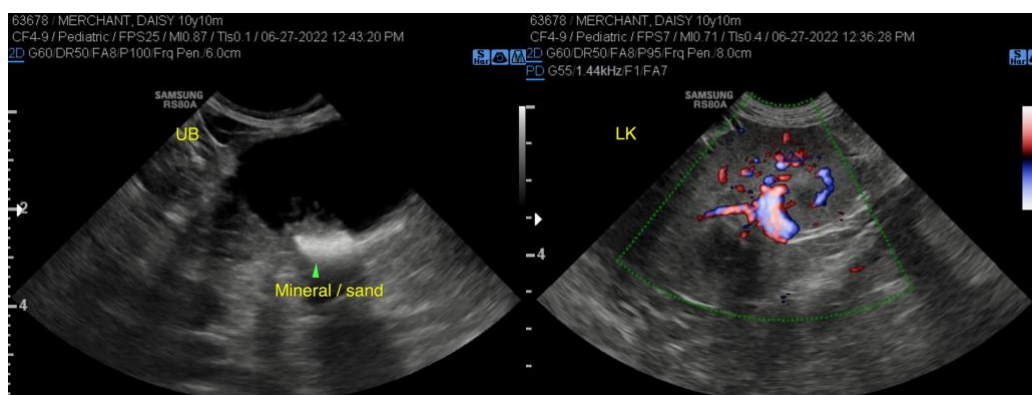
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
info@SonoPath.com